



1744

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/476,039	
	Filing Date	12/31/1999	
	First Named Inventor	James W. Jimison	
	Group Art Unit	1744	
	Examiner Name	Randall Chin	
Total Number of Pages in This Submission	10	Attorney Docket Number	JIM9901C

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input checked="" type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

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TC 1700

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Carol D. Titus, Reg. No. 38,436
Signature	<i>Carol D. Titus</i>
Date	December 10, 2002

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: December 10, 2002			
Typed or printed name	Carol D. Titus		
Signature	<i>Carol D. Titus</i>	Date	12/10/2002

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FREE TRANSMITTAL
for FY 2002

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$) 515.00

Complete if Known

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METHOD OF PAYMENT

1. ☐ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit
Account
NumberDeposit
Account
Name
☐ Charge Any Additional Fee Required
Under 37 CFR 1.16 and 1.17

☒ Applicant claims small entity status.
See 37 CFR 1.27

2. ☒ Payment Enclosed:

☒ Check ☐ Credit card ☐ Money
Order ☐ Other
FEE CALCULATION**1. BASIC FILING FEE**

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
101 740	201 370			Utility filing fee	
106 330	206 165			Design filing fee	
107 510	207 255			Plant filing fee	
108 740	208 370			Reissue filing fee	
114 160	214 80			Provisional filing fee	

SUBTOTAL (1) (\$)

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
Independent Claims	-20** =	X	
Multiple Dependent	-3** =	X	

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Description
103 18	203 9			Claims in excess of 20
102 84	202 42			Independent claims in excess of 3
104 280	204 140			Multiple dependent claim, if not paid
109 84	209 42			** Reissue independent claims over original patent
110 18	210 9			** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Fee Code	Large Entity (\$)	Small Entity (\$)	Fee Description	Fee Paid
105 130	205 65		Surcharge - late filing fee or oath	
127 50	227 25		Surcharge - late provisional filing fee or cover sheet	
139 130	139 130		Non-English specification	
147 2,520	147 2,520		For filing a request for <i>ex parte</i> reexamination	
112 920*	112 920*		Requesting publication of SIR prior to Examiner action	
113 1,840*	113 1,840*		Requesting publication of SIR after Examiner action	
115 110	215 55		Extension for reply within first month	
116 400	216 200		Extension for reply within second month	
117 920	217 460		Extension for reply within third month	460.00
118 1,440	218 720		Extension for reply within fourth month	
128 1,960	228 980		Extension for reply within fifth month	
119 320	219 160		Notice of Appeal	
120 320	220 160		Filing a brief in support of an appeal	
121 280	221 140		Request for oral hearing	
138 1,510	138 1,510		Petition to institute a public use proceeding	
140 110	240 55		Petition to revive - unavoidable	
141 1,280	241 640		Petition to revive - unintentional	
142 1,280	242 640		Utility issue fee (or reissue)	
143 460	243 230		Design issue fee	
144 620	244 310		Plant issue fee	
122 130	122 130		Petitions to the Commissioner	
123 50	123 50		Processing fee under 37 CFR 1.17(q)	
126 180	126 180		Submission of Information Disclosure Stmt	
581 40	581 40		Recording each patent assignment per property (times number of properties)	
146 740	246 370		Filing a submission after final rejection (37 CFR § 1.129(a))	
149 740	249 370		For each additional invention to be examined (37 CFR § 1.129(b))	
179 740	279 370		Request for Continued Examination (RCE)	
169 900	169 900		Request for expedited examination of a design application	
Other fee (specify)				55.00

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$) 515.00

SUBMITTED BY

Name (Print/Type)

Carol D. Titus

Registration No.
(Attorney/Agent)

38,436

Complete (if applicable)

Telephone

510-742-7417

Signature

Carol D. Titus

Date

December 10, 2002

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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